

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GOVERNOR EDMUND G. BROWN JR

CEMETERY AND FUNERAL BUREAU

1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834 P 916.574.7870 F 916.928.7988 www.cfb.ca.gov



Cemetery Salesperson Application Instructions and Checklist

To be *eligible* to apply for licensure as a **cemetery salesperson**, you must meet the following requirements:

- Be employed by a licensed cemetery broker.
 - Have committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code.

Check List

Have you completed each item on pages 1 and 2 of your application?
Have both you and your broker signed the application?
Have you included a \$30.00 application fee?
Have you submitted the original signed application?
Have you included your completed Request for Live Scan Service Form, if required?

Important Information

Cemetery salesperson licenses are only valid to the broker and the location for which they are issued. A change of your employing broker or the location where you work requires you to submit a Transfer Application with a \$25.00 processing fee.

The license term is one year, the renewal fee is \$25.00; the late fee is \$25.00.

All salesperson licenses expire on June 30th, of each year.

Do not submit a Transfer Application for a change of residence address. If you have a change of residence address, notify the Bureau in writing. Include the following information: your name, license number, new address, previous address, date of birth and your signature. No fee is required for a change of residence address.

Direct all questions regarding your application to the Cemetery and Funeral Bureau, Licensing Unit at the address and telephone number listed above. Mail your application, and all requested items to:

REGULAR MAIL: P.O. Box 989003, West Sacramento, CA 95798-9003

PRIORITY MAIL: 1625 North Market Blvd., Suite S208, Sacramento, CA 95834



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APPLICATION FOR CEMETERY SALESPERSON LICENSE APPLICATION FEE \$30.00 LICENSE NUMBER ISSUED

CES										
SECTION A: APPLICANT INFORMATION										
Last Name			First Name						Middle Initial	
		T				T ~				
Residence Address		City	City				State Zip Code			
						C	CA			
Residence Telephone Number	Daytime Telephone I	L Number		Date of Birt	h	Social Security Number				
()		· · · · · · · · · · · · · · · · · · ·	Date of Birth				Social Security Tvamser			
_	All cemetery salesperson licenses e							licenses expire		
I want my license: issued as soon as possible held until July 1						on June 30 of each year.				
SECTION B: BROKER INFORMATION										
Employing Broker (enter the Broker's name not the business name) Broker's License number										
Name of Business License Number (If applicable)									rc 1: 11 \	
Name of Business							COA	Number (if applicable)	
							COA			
Address			City			State		Zip Code		
						CA				
Mailing Addrags (if different than shows)			City			State		Zin C	odo	
Mailing Address (if different than above)			City			CA		Zip C	Zip Code	
Telephone Number of Broker Fax Number of Broker										
Name of Broker's Contact Person (for questions regarding this application) Telephone Number of Contact Person										
Tvalue of Broker's Contact Person (for questions regarding this application)										
SECTION C: EMPLOYING BROKER CERTIFICATION										
I hereby certify under penalty of pe										
Cemetery and Funeral Bureau to issue the person named in this application a license as a Cemetery Salesperson in my employ. I certify										
that if a license is issued, I will exercise a careful supervision over the salesperson's cemetery activities while so employed.										
Signature of Broker Date										
FOR BUREAU USE ONLY										
Date Cashiered	Amount Cashiered	unt Cashiered			ATS Number			Receipt Number		
GID N. I. (O. Cl	D. I. Cl. I	1-2		Ci. 1	Г					
SID Number/On file with	Broker Check	Enfo	rcement	Check Issuance			nce Date			

SECTION D: APPLICANT BACKGROUND INFORMATION						
Has the Cemetery and Funeral Bureau ever issued you a personal lic	rense? Yes No					
If yes, provide license type(s), number(s) and date(s) issued						
Have you previously submitted fingerprint cards or a copy of a Requ	nest for Live Scan Service form					
to the Cemetery and Funeral Bureau?	Yes No					
If yes, for what license type, and the approximate date						
If no , submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.						
Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any						
foreign country? Yes No						
If yes, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation. You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).						
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on						
probation or other disciplinary action taken by this or any other governmental authority in this state or any other						
state, or any foreign country? Yes No						
If yes, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.						
SECTION E: APPLICANT CERTIFICATION						
A salesperson license entitles you to act as a cemetery salesperson for the broker named on this application at the address shown. It does not entitle you to work for any other broker or any other office of your employing broker.						
I certify under penalty of perjury under the laws of the State of California that the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act nor, misuse the privileges of the registrant.						
Signature of Applicant	Date					

Note: The information solicited on this form is required pursuant to Business and Professions Code Section 9701. All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S208, Sacramento, CA 95834 (916) 574-7870.

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.